

County: Sawyer

Facility ID: 9100

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VALLEY HEALTH CARE CENTER
10775 NYMAN AVEHAYWARD 54843 Phone: (715) 634-2202
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 59
Total Licensed Bed Capacity (12/31/04): 59
Number of Residents on 12/31/04: 54Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 50

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.2	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		48.1	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	9.3	More Than 4 Years		16.7	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	31.5	65 - 74	16.7			-----	
Day Services	No	Mental Illness (Other)	5.6	75 - 84	31.5			100.0	
Respite Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	37.0	*****			
Adult Day Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.6	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	1.9		100.0	(12/31/04)			
Home Delivered Meals	No	Cardiovascular	13.0	65 & Over	90.7	-----			
Other Meals	Yes	Cerebrovascular	20.4		-----	RNs		6.5	
Transportation	No	Diabetes	7.4	Gender	%	LPNs		10.2	
Referral Service	No	Respiratory	3.7	-----	-----	Nursing Assistants,			
Other Services	No	Other Medical Conditions	16.7	Male	38.9	Aides, & Orderlies			
Provide Day Programming for			-----	Female	61.1				
Mentally Ill	No		100.0	-----	-----				
Provide Day Programming for									
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	5	100.0	351	2	5.1	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	13.0
Skilled Care	0	0.0	0	36	92.3	115	0	0.0	0	8	80.0	134	0	0.0	0	0	0.0	0	44	81.5
Intermediate	---	---	---	1	2.6	97	0	0.0	0	2	20.0	133	0	0.0	0	0	0.0	0	3	5.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		39	100.0		0	0.0		10	100.0		0	0.0		0	0.0		54	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	12.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	3.7	42.6	53.7	54
Other Nursing Homes	10.9	Dressing	22.2	70.4	7.4	54
Acute Care Hospitals	73.4	Transferring	33.3	59.3	7.4	54
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	29.6	61.1	9.3	54
Rehabilitation Hospitals	3.1	Eating	57.4	33.3	9.3	54
Other Locations	0.0	*****				
Total Number of Admissions	64	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	1.9		Receiving Respiratory Care	7.4
Private Home/No Home Health	45.0	Occ/Freq. Incontinent of Bladder	59.3		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	16.7	Occ/Freq. Incontinent of Bowel	42.6		Receiving Suctioning	0.0
Other Nursing Homes	5.0				Receiving Ostomy Care	1.9
Acute Care Hospitals	5.0	Mobility			Receiving Tube Feeding	3.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.9		Receiving Mechanically Altered Diets	35.2
Rehabilitation Hospitals	0.0					
Other Locations	3.3	Skin Care			Other Resident Characteristics	
Deaths	25.0	With Pressure Sores	1.9		Have Advance Directives	77.8
Total Number of Discharges		With Rashes	3.7		Medications	
(Including Deaths)	60				Receiving Psychoactive Drugs	63.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.7	81.9	1.03	85.5	0.99	85.9	0.99	88.8	0.95
Current Residents from In-County	72.2	72.8	0.99	71.5	1.01	75.1	0.96	77.4	0.93
Admissions from In-County, Still Residing	18.8	18.7	1.00	20.7	0.91	20.5	0.92	19.4	0.97
Admissions/Average Daily Census	128.0	151.4	0.85	125.2	1.02	132.0	0.97	146.5	0.87
Discharges/Average Daily Census	120.0	151.2	0.79	123.1	0.98	131.4	0.91	148.0	0.81
Discharges To Private Residence/Average Daily Census	74.0	74.0	1.00	55.7	1.33	61.0	1.21	66.9	1.11
Residents Receiving Skilled Care	94.4	95.3	0.99	95.8	0.99	95.8	0.99	89.9	1.05
Residents Aged 65 and Older	90.7	94.3	0.96	93.1	0.97	93.2	0.97	87.9	1.03
Title 19 (Medicaid) Funded Residents	72.2	71.9	1.00	69.1	1.05	70.0	1.03	66.1	1.09
Private Pay Funded Residents	18.5	16.7	1.11	20.2	0.92	18.5	1.00	20.6	0.90
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	37.0	29.5	1.25	38.6	0.96	36.6	1.01	33.6	1.10
General Medical Service Residents	16.7	23.5	0.71	18.9	0.88	19.7	0.85	21.1	0.79
Impaired ADL (Mean)	44.4	46.4	0.96	46.2	0.96	47.6	0.93	49.4	0.90
Psychological Problems	63.0	54.5	1.16	59.0	1.07	57.1	1.10	57.7	1.09
Nursing Care Required (Mean)	6.7	7.4	0.91	7.0	0.96	7.3	0.92	7.4	0.90